



Operator Profile & Documents List

In this document, the word "Operator" refers to the business owner.

That entity may have a number of machines and therefore a number of "operators".

Legal name of Operator: _____

ABN: _____ Trading Name: _____

Postal Address: _____

Entity's Email Address:

Operator's Contact Person:

Name: _____
Ph No: (mobile)
(Land)
Email:

Operators' preparedness to work during 'after hours', ie between 6.00pm & 6.00am

Yes No

Comments:

Experience in the industry (*per operator*)

.....
.....
.....

Preferred Earthworks (please tick or add)

Under House	<input type="checkbox"/>	Bulk outs	<input type="checkbox"/>	Retaining walls	<input type="checkbox"/>
Landscapers	<input type="checkbox"/>	Clean Up	<input type="checkbox"/>	Sand ups	<input type="checkbox"/>
Civil	<input type="checkbox"/>	Trenching	<input type="checkbox"/>	Driveways	<input type="checkbox"/>
Concreters	<input type="checkbox"/>	Civil	<input type="checkbox"/>		

Other

Shirt Size

Medium Large XL XXL



(This is optional) Please name and provide contact details for each operator of:

Doctor: (name) (phone)

Next of kin: (name) (Relationship)..... (phone)

Authority granted to Groundbreaker to disclose matters

The Operator hereby authorises Groundbreaker to discuss and share information with a person(s) in addition to the signatory at the bottom of this document, which information relates to the Operator's business with Groundbreaker including details of monies owing or previously owed. (This is optional) The details of that person(s) are as follows:

Name	Relationship	Phone	Email

Bank Account details : Acc Name:
 BSB:
 Account Number:

Paperwork Groundbreaker requires from Operator for its records

For each operator/driver, a copy of:

- Licences, including drivers license, disclosing licence numbers and expiry dates
- Industry Blue/White Card, disclosing its number and who issued by
- Tickets : list them and furnish copies

Please complete the following table and provide copies of current certificates etc

Insurance	Policy Number	Renewal Date
Public Liability		
Machines & attachments		
Personal Accident		
Life		
Workers Compensation		



Please complete the following tables as appropriate ... feel free to add additional info

Skid Steer Rego : _____ **Expiry Date:**_____

Brand :		Broom :	
Model :		4 in 1 Bucket :	
Year :		Tilt Bucket :	
Width :		Other :	
Height :		Auger sizes :	
Spreader Bar :		Rock teeth?	
Forks :		Max Depth :	

Excavator Rego : _____ **Expiry Date:**_____

Brand :		Bucket sizes :	
Model :		Batter Blades ?	
Year :		Ripper :	
Width :		Hammer :	
Height :		Auger sizes :	
Weight :		Rock teeth?	
Zero Swing?		Max Depth :	
Roof off if req?		Grab	
Tilt Bucket ?		Compaction Wheel	

Truck Rego : _____ **Expiry Date:**_____

Brand :		Steel / Alloy :	
Model :		Cart rock :	
Year :		Cart Hotmix :	
Tipper :		UHF Radio :	
Tandem or single axle:		Tailgate Mudlocks :	
Cubic Capacity m3:		Tarp :	
Cart from site :			



Other Machine (eg Excavator) Rego : _____ **Expiry Date:**_____

Brand :		Bucket sizes :	
Model :		Batter Blades ?	
Year :		Ripper :	
Width :		Hammer :	
Height :		Auger sizes :	
Weight :		Rock teeth?	
Zero Swing?		Max Depth :	
Roof off if req?		Grab	
Tilt Bucket ?		Compaction Wheel	

Other Machine Rego : _____ **Expiry Date:**_____

Brand :		Bucket sizes :	
Model :		Batter Blades ?	
Year :		Ripper :	
Width :		Hammer :	
Height :		Auger sizes :	
Weight :		Rock teeth?	
Zero Swing?		Max Depth :	
Roof off if req?		Grab	
Tilt Bucket ?		Compaction Wheel	

If there are more machines or attachments or anything else worthy of mention, please use this format as a guide to preparing and completing full details on further pages for submitting to us

I sign this document as, or on behalf of, the Operator to confirm that the details above are true and correct

.....
 Name Signature Date

